

Case Number:	CM15-0166470		
Date Assigned:	09/04/2015	Date of Injury:	01/14/2015
Decision Date:	10/13/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 57-year-old [REDACTED] company employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 14, 2015. In a Utilization Review report dated July 30, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a July 1, 2015 date of service and an RFA form of July 22, 2015 in its determination. The applicant's attorney subsequently appealed. On August 27, 2015, the applicant reported ongoing complaints of low back pain. The applicant was not working, it was acknowledged. The applicant had completed six recent acupuncture treatments, without benefit. 8 sessions of physical therapy were sought. Norco was endorsed. No seeming discussion of medication efficacy transpired. The applicant was placed off of work, on total temporary disability. On July 1, 2015, the applicant was, once again, placed off of work, on total temporary disability, while Norco and Relafen were renewed. Little to no seeming discussion of medication efficacy transpired. Ancillary complaints of knee pain were reported.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was reported on both July 1, 2015 and on August 27, 2015. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request is not medically necessary.